

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO.		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0830300		ODHS USE ONLY - 00 NOT MARK ABOVE	
REPORT TAKEN	<input checked="" type="checkbox"/> AT STATION <input type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED		2		CRASH SEVERITY (CHECK MOST SEVERE)		COMBINED VEH/PROP LOSS	
				<input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY				<input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150	
IN COUNTY OF WARREN		IN <input checked="" type="checkbox"/> CITY		LEBANON		DATE OF CRASH		6/25/15	
CRASH OCCURRED ON		718 E. Main St.		WITHIN THE INTERSECTION OF		DAY		SUN	
IF NOT IN INTERSECTION				(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)		CITY CODE		8303	
LOG-1		LOG-2		LOC JUR FH9 FILT					
A UNIT NO. 1		NO OF OCCUPANTS 1		OPERATING <input checked="" type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT		State Farm	
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI)		Doyle, Sarah A.		ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)		3746 DeLange Green Dr. Clevel, OH 45002			
PHONE NO.		513-460-6899		BIRTH DATE		06/21/95		AGE 20 F	
OWNER (IF SAME AS DRIVER, WRITE SAME)		Gibson Randall		ADDRESS		4557 Carnation Ave. Cincinnati, OH 45238		PHONE 513-460-6899	
VEH YR		2011		MAKE		Ford		MODEL Fusion	
COLOR		Mach		STYLE		45		STATE OH	
LICENSE PLATE NO.		OH 01 QM		TOWING SERVICE				VEH/PED DIR	
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY		<input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE	
								<input checked="" type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY	
								VEHICLE DISPOSITION	
								<input type="checkbox"/> DRIVEN AWAY <input checked="" type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED	
								FIRE	
								<input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE	
8 UNIT NO. 2		NO OF OCCUPANTS 1		OPERATING <input checked="" type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT & RUN NON-CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT		Erie Ins.	
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI)		Morris, Jason P.		ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)		5555 Fairfield Dr. Waverneville, OH 45068			
PHONE NO.		937-422-0936		BIRTH DATE		01/15/78		AGE 37 M	
OWNER (IF SAME AS DRIVER, WRITE SAME)		Same		ADDRESS				PHONE	
VEH YR		2008		MAKE		Chevy		MODEL Silverado	
COLOR		Silver		STYLE		TR		STATE OH	
LICENSE PLATE NO.		FQA 6735		TOWING SERVICE				VEH/PED DIR	
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY		<input type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE	
								<input checked="" type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY	
								VEHICLE DISPOSITION	
								<input type="checkbox"/> DRIVEN AWAY <input checked="" type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED	
								FIRE	
								<input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE	
C FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTH DATE		AGE		POSITION	
								A B C D E F	
D FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTH DATE		AGE		INJURIES	
								A B C D E F	
E FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTH DATE		AGE		CONDITION	
								A B C D E F	
F FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTH DATE		AGE		1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN	
								A B C D E F	
A B C		INJURED TAKEN TO		By		A B C D E F		ALCOHOL	
D E F		INJURED TAKEN TO		By		A B C D E F		A B C D E F	
A B C		OFFENSE CHARGED AND DESCRIPTION		A B C D E F		A B C D E F		1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 6 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED	
D E F		OFFENSE CHARGED AND DESCRIPTION		A B C D E F		A B C D E F		1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3 HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN	
A B C		RECEIVED CALL		DISPATCHED		ARRIVED		CLEARED	
D E F		1744		1745		1753		1808	
A B C		DATE REPORT FILED		PHOTOS		OFFICER'S NAME		BADGE NO.	
D E F		1744		YES NO		Jenkins		112	
A B C		TOTAL MINUTES		OTHER TIME		CHECKED BY		N. Trout	
D E F		35		20					
A B C		EJECTION		A B C D E F		A B C D E F		1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG	
D E F		1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE		A B C D E F		A B C D E F		1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG	

DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION

LOCAL FILE NO

15-10657